



For Internal Use Only

 Date Received _____
 Entered By: _____

AUTHORIZATION FOR REIMBURSEMENT

Date of Request: _____

**Please note that it may take 7-14 business days to receive reimbursement.*

Please complete and submit this form to authorize reimbursement from your LiLA account for personal expenditures for approved education and training activities.

1) LiLA ACCOUNT OWNER INFORMATION

LiLA Employee Account Number: _____	SSN#: _____
Mailing Address: _____	Home Phone Number: _____
City/State/Zip: _____	Work Phone Number: _____
Email Address: _____	Cell Phone Number: _____

2) EDUCATION AND TRAINING ACTIVITIES (Please provide a brief description of LiLA approved education and training activities for which you are seeking reimbursement)

3) AUTHORIZATION

I hereby authorize the Washington State Lifelong Learning Account Program (LiLA) to withdraw funds in the amount indicated below from my LiLA Savings Account to reimburse my personal expenditure for approved LiLA education and training activities. I understand that the LiLA Program Administrator will approve reimbursement upon submission of: 1) Form E-Step 4 of my Career Development Plan; and 2) copies of receipts for expenditures. I understand that the total account balance available to me for reimbursement will be the sum of my account contributions plus the amount of matching contributions made by my employer. I understand that a check will be issued directly to me for the requested amount or an amount not to exceed the combined total amount of my and my employer's contributions.

<input type="checkbox"/> Form E-Step 4 Attached	Reimbursement Amount Requested \$ _____
<input type="checkbox"/> Copies of Receipts Attached	

LiLA Account Owner Signature _____

Date _____

(See reverse side for mailing instructions)

LiLA Administrator Approval

<input type="checkbox"/> Form E CDP Step 4 Submitted/Approved <input type="checkbox"/> Copies of Receipts for Expenditures Reviewed/approved	<table border="0" style="width: 100%;"> <tr> <td style="width: 80%;">Employee Account Balance</td> <td style="width: 20%;">\$ _____</td> </tr> <tr> <td>Employer Matching Funds</td> <td>\$ _____</td> </tr> <tr> <td>Total Available LiLA Funds</td> <td>\$ _____</td> </tr> <tr> <td>Amount Requested</td> <td>\$ _____</td> </tr> <tr> <td>Approved for Reimbursement</td> <td>\$ _____</td> </tr> </table>	Employee Account Balance	\$ _____	Employer Matching Funds	\$ _____	Total Available LiLA Funds	\$ _____	Amount Requested	\$ _____	Approved for Reimbursement	\$ _____
Employee Account Balance	\$ _____										
Employer Matching Funds	\$ _____										
Total Available LiLA Funds	\$ _____										
Amount Requested	\$ _____										
Approved for Reimbursement	\$ _____										

LiLA Program Administrator Signature _____

Date _____

FORM G

Please send completed form with attached receipts and Career Development Plan Form E-Step 4 to:

Workforce Training and Education Coordinating Board
Attn: Patrick Woods, LiLA Program Administrator
128 - 10th Avenue, SW
Olympia, WA 98504-3105
Phone: 360.664-4232
Email: pwoods@wtb.wa.gov